PTO/SB/22 (12-07)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
|---|---------------------|--------------------------|------------------------|
| FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | PS736 | |
| Application Number 10/644,765-Conf. # | 7999 | Filed | August 21, 2003 |
| For HLWBO56 Polypeptides (As Amended) | | | |
| Art Unit 1634 | | Examiner | K. D. Salmon |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| x One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fe \$60 | <u>∋e</u> \$ 120.00 |
| Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3425 I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X attorney or agent of record. Registration Number 56,175 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| Jared & Consignature | | January 3, 2008 Date | |
| Jared S. Cohen | | (301) 315-1773 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of 1 forms are submi | itted. | | |